0% CABG, 0% reintervention, 2% rehospitalization for CHF, 1.4% rehospitalization for ACS.

Conclusion: CTO requires endless patience from the cardiologist. There is no need to abuse the resources of the cath lab if we follow the protocol of TO BELIEVERS. Excellent results can be obtained if CTO intervention done by using these basic equipments.

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Statin and ezetimibe in silent ambulatory myocardial ischemia (sesami trial)

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Background: Cholesterol lowering is associated with a reduction in cardiovascular morbidity and mortality. Statins are the main drugs for cholesterol lowering. Ezetimibe when added to statins gives further reduction in cholesterol but its long-term effect on cardiovascular morbidity and mortality and ischemic events is not known. This study sought to determine whether further cholesterol lowering with ezitimibe will also results in a reduction of myocardial ischemia during daily life.

Methods: We enrolled 50 patients with proven stable coronary artery disease (CAD) and at least one episode of ST-segment depression on ambulatory ECG monitoring. All of them were receiving optimal therapy for CAD including statin therapy for cholesterol reduction. 25 patients were randomized to continue their statin therapy (Statin only group) and 25 to recieve statin plus ezitimibe 10 mg/day (ezitimibe group). Serum cholesterol and LDL cholesterol levels and ambulatory monitoring were repeated after 4–6 months of therapy. The two groups were comparable with respect to baseline characteristics, number of episodes of ST-segment depression, and baseline serum cholesterol levels. Holters were read by a blinded cardiologist.

Results: The ezitimibe group had lower mean total and LDL cholesterol levels at study end and experienced a significant reduction in the number of episodes of ST-segment depression compared with the statin only group. ST-segment depression was completely resolved in 13 of 25 patients (52%) in the ezitimibe group versus 3 of 25 (12%) in the statin only group. The ezitimibe group exhibited a highly significant reduction in ambulatory ischemia ($P < .001$). By logistic regression, treatment with ezitimibe was an independent predictor of ischemia resolution.

Conclusions: Further cholesterol lowering with ezitimibe can result in reduction or resolution of myocardial ischemia recorded as episodes of ST-segment depression in ambulatory monitoring of the ECG.

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Troponin level before coronary artery bypass graft surgery is associated with increased mortality rate

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Objective: Cardiac troponin level indicate extend of miocardial injury.

Coronary artery bypass graft surgery early post myocardial infartion is associated with high mortality, trying to find a quantitative piameter to determine the high risk patients.

Method: Prospective data collection of troponin level and outcome of coronary artery bypass graft surgery was collected over 3 years (30 days mortality).

Result: A total of 550 patients who had CABG over 3 years was collected, the patients were divided into 3 groups. Group 1 patient with troponin less than 3. Group 2 patient with troponin between 3 and 5. Group 3 patient with troponin above 5. The 30 days mortality was proportionally correlated to the troponin level. Group 1 had a mean mortality of less than 2%, group 2 had a mean mortality of 3.5%, and group 3 had a mean mortality rate of 10%.

Conclusion: Preoperative 30 days mortality post CABG is proportionally related to the extend of myocardial damage which is reflected by trop in level. When possible it is better to wait and delay surgery until troponin level below 3.

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Proper method for preoperative chest preparation of patients listed for cardiac surgery

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Context: Postoperative pulmonary complication (PCCs) after cardiac surgery are a major source of morbidity and mortality, and increase length of hospital stay and resource utilization. The preoperative including prehospitlization period before CARDIAC surgery maybe used to improve a patients pulmonary condition. The efficacy of preoperative non-invasive CPAP and BIPAP machine use, chest physiotherapy (CPT) and postural drainage, frequent nebulization plus inspiratory muscle training (IMT) in reducing the incidence of PPCs in high-risk patients undergoing CARDIAC surgery has not yet been determined.

Objective: To evaluate the prophylactic efficacy of our new preoperative chest preparation strategy (strategy A) on the incidence of PPCs in high risk patients scheduled for elective CARDIAC surgery compared with classic routinely used one (Strategy B).

Design, setting, and patients: A single blind, randomized clinical trial conducted at the Cardiac Center of Kind Fahad Armed forces Hospital, Jeddah,